



Facility Use I.D. Card Application

Today's Date: ____/____/____

Print legibly all information requested on form.**PRIMARY GUARDIAN / HEAD OF HOUSEHOLD INFORMATION.** *Must be at least 18 years old.***Office Use.** Residency verification:

Name: (Last) _____ (First) _____

Street Address: _____ City _____ State _____ Zip _____

Phone: Home (____) ____-____ Work (____) ____-____ ext. ____ Emergency (____) ____-____

E-mail (optional): _____

☐ I am providing this address only to receive e-mail from the Department. I am requesting that this e-mail address **NOT** be disclosed.

Sex: Male ____ Female ____ Birthday (mm/dd/yy): ____/____/____

SECONDARY GUARDIAN INFORMATION. *Must be at least 18 years old.***Office Use.** Residency verification:

Name: (Last) _____ (First) _____

Street Address: _____ City _____ State _____ Zip _____

Phone: Home (____) ____-____ Work (____) ____-____ ext. ____ Emergency (____) ____-____

E-mail (optional): _____

☐ I am providing this address only to receive e-mail from the Department. I am requesting that this e-mail address **NOT** be disclosed.

Sex: Male ____ Female ____ Birthday (mm/dd/yy): ____/____/____

APPLICANT INFORMATION.**Office Use.** Age verification:

Name: (Last) _____ (First) _____

Street Address: _____ City _____ State _____ Zip _____

Phone: Home (____) ____-____ Work (____) ____-____ ext. ____ Emergency (____) ____-____

E-mail (optional): _____

☐ I am providing this address only to receive e-mail from the Department. I am requesting that this e-mail address **NOT** be disclosed.

Sex: Male ____ Female ____ Birthday (mm/dd/yy): ____/____/____

School Name: _____ Grade: _____ (as of today's date)

Medical and/or Behavior Concerns: _____

EMERGENCY CONTACTS. *Primary and secondary guardians will automatically be contacted first in the event of emergency. List below an additional emergency contact.*

Name: (Last) _____ (First) _____

Phone: Home (____) ____-____ Work (____) ____-____ ext. ____ Emergency (____) ____-____

Relationship to Applicant: _____

STATEMENT OF UNDERSTANDING: Participants may enter and leave at their discretion. Department employees are not responsible for requiring participants to remain at the facility against their will or knowing the whereabouts of participants.

MEDICAL TREATMENT PERMISSION & ACKNOWLEDGMENT OF RISK: In consideration of my participation in the activity provided by and through the City of Norfolk Department of Recreation, Parks & Open Space (RPOS), I, for myself or on behalf of the participant who I represent, authorize City of Norfolk employees to take and provide all necessary medical attention should I, or the participant who I represent, be injured while participating or being transported to or from any RPOS-sponsored activity. I have read the policies pertaining to cancellations, refunds, rules and regulations as they pertain to this activity. I acknowledge the risks and responsibilities involved in these activities, and assume the risks and responsibilities involved in these activities. I assume these risks realizing the capabilities of the person(s) participating. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

PRIVACY OF INFORMATION FOR APPLICANTS/PARTICIPANTS UNDER THE AGE OF 18. *Please check the box that reflects your choice.*

- ☐ I understand that the City of Norfolk Department of Recreation, Parks & Open Space (RPOS) may release records containing information identifying an applicant/participant under the age of 18 years, including their name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, honors and awards received, and most recent educational school or center attended. By signing below I consent to the release of the designated information. I further understand that I may change this designation at any time by submitting written notification to RPOS.

Parent/Guardian Signature

Date

- ☐ I am requesting that information identifying a person under the age of 18 years, including their name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, honors and awards received, and most recent educational school or center attended **NOT** be released without prior consent of the undersigned parent or legal guardian.

Parent/Guardian Signature

Date

PRIVACY OF INFORMATION WAIVER: Information may be released for use by the City of Norfolk Department of Recreation, Parks & Open Space for such purposes as it may deem proper.

Applicant Signature

Date

PHOTO PERMISSION RELEASE AGREEMENT: *Optional.* I understand that I, or the participant who I represent, may be photographed and/or videotaped while participating in this activity. I agree to allow the City of Norfolk Department of Recreation, Parks & Open Space to use said photographs and/or videotapes in Department publications, media campaigns, and/or for educational and safety training purposes. I further waive any compensation for publishing and/or printing such photographs. I understand that by affixing my signature on this form that I attest to having read, fully understand and agree to the conditions as set forth above.

Applicant Signature

Guardian signature (if applicant is under age 18)

Date